GARDEN TRANSFORMATION

[Business Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

DEPOSIT INVOICE

Invoice #: _____
Date: _____
Project ID: _____

BILL TO

[Client Name]
[Client Address]
[Phone/Email]

PROJECT LOCATION

[Site Address]
[City, State, Zip]

PROJECT SCOPE OVERVIEW

[Brief description of residential garden transformation, e.g., hardscaping, planting, irrigation]

Description	Project Total	Deposit %	Amount Due
Initial Design & Material Procurement Deposit	$ 0.00	0%	$ 0.00

Subtotal: $ 0.00
Tax: $ 0.00

Total Deposit Due: $ 0.00

PAYMENT TERMS

Please make payment via [Payment Method]. This deposit is required to secure the project start date of [Date] and to begin ordering specific flora and materials. Deposit is [Refundable/Non-refundable] as per the signed project agreement.

Thank you for choosing us to transform your outdoor living space.